

Instructions to Complete Lab Submission Form for Zika Test

These are step by step instructions to complete CDC Specimen Submission Form that is to be completed and original should accompany specimen to Kentucky of Division of Laboratory Services ATTN: Matthew Johnson 100 Sower Blvd Ste# 204 Frankfort KY 40601. The CDC Specimen Submission Form can be found at following link: <http://www.cdc.gov/laboratory/specimen-submission/pdf/form-50-34.pdf>

FIRST PAGE OF SPECIMEN SUBMISSION FORM

In box titled: Laboratory Examination Requested

Select the specimen origin to begin the form (Top left in header) – Click **HUMAN** from drop down box

Test order name: Click **ARBOVIRUS SEROLOGY** from drop down box – Test order code will auto populate to CDC-10282

In box titled: Patient Information

Complete the following information

- Patient Name
- Birthdate
- Age
- Age Units
- Sex
- Clinical diagnosis if patient is symptomatic
- Date of Onset for clinical diagnosis

In box titled: Specimen Information

- Specimen collected date
- Specimen collected time
- Material submitted
 - Click **original material** from the drop down box
- Specimen Source (type)
 - Click **serum specimen** from the drop down box
- Collection method
 - Click method of collection such as **venipuncture**

In box titled: State PHL/New York City Department of Health and Mental Hygiene.....

- Name: (Laboratory Director or designee)
 - Enter last name– Hart
 - Enter first name – Jeremy
- Institution Name
 - Enter – Kentucky Division of Laboratory Service

Instructions to Complete Lab Submission Form for Zika Test

- Street address
 - 100 Sower Blvd Ste# 204
- Phone
 - Enter area code – 502
 - Enter local number (no hyphens) – 5644446
- Point of contact (person to be contacted if there is a question regarding this order)
 - Enter last name – Johnson
 - Enter first name – Matthew
 - Enter institutional e-mail – matthew.johnson@ky.gov

In box titled: Original Submitter (Organization that originally submitted specimen for testing)

- Name: (Laboratory Director or designee)
 - Enter last name
 - Enter first name
- Enter institution name
- Enter street address
- Enter city
- Enter ZIP/postal code
- Select state from drop down box
- Select country from drop down box
- Phone
 - Enter area code
 - Enter local number (no hyphens)
 - Enter extension (if applicable)
- Fax
 - Enter area code
 - Enter local number (no hyphens)
- Institutional e-mail
 - Enter institutional e-mail
- Point of Contact: (Person to be contacted if there is a question regarding this order)
 - Enter last name
 - Enter first name

In box titled: Intermediate Submitter (Complete if specimen if submitted to SPHL through an intermediate agency)

COMPLETE THIS PORTION IF APPLICABLE (OTHERWISE SKIP THIS SECTION)

- Name: (Laboratory Director or designee)
 - Enter last name
 - Enter first name
- Enter institution name

Instructions to Complete Lab Submission Form for Zika Test

- Enter street address
- Enter city
- Enter ZIP/postal code
- Select state from drop down box
- Select country from drop down box
- Phone
 - Enter area code
 - Enter local number (no hyphens)
 - Enter extension (if applicable)
- Fax
 - Enter area code
 - Enter local number (no hyphens)
- Institutional e-mail
 - Enter institutional e-mail
- Point of Contact: (Person to be contacted if there is a question regarding this order)
 - Enter last name
 - Enter first name

SECOND PAGE OF SPECIMEN SUBMISSION FORM

In box titled: Patient History

- Brief Clinical Summary (include signs, symptoms, and underlying illnesses if known)
 - Type **“ZIKA TESTING and DEN - (CHIKV performed at DLS) –**
 - *In the same box – enter if patient is symptomatic or asymptomatic; pregnancy status if patient is a female; other relevant information*

In box titled: State of Illness

- Click the box that coincides with state of illness at the time of specimen collection (you may check more than one box)
 - Symptomatic
 - Patient has signs or symptoms now (it is likely you would also check Acute box as well under this section if patient is symptomatic)
 - Recovered
 - Patient had signs or symptoms, but is well at time of collection
 - Asymptomatic
 - Patient never had signs or symptoms
 - Acute
 - Usually the first week of illness
 - Convalescent
 - If an initial specimen has already been collected

Instructions to Complete Lab Submission Form for Zika Test

In box titled: Type of Infection

- Click appropriate box or specify in OTHER

In box titled: Travel History

- Travel
 - Click Yes from the drop down box
- Dates of travel
 - Enter MM/DD/YYYY to MM/DD/YYYY
- Travel: Foreign (Countries)
 - Select country from drop down box

In box titled: Exposure history

- Exposure
 - Select answer from drop down box
- Arthropod
 - Check mark this box
- Type of Exposure
 - Select bite
- Common name
 - Mosquitoes (Family Culicidae)

In box titled: Relevant immunization history

- Immunization
 - Enter recent vaccination especially if patients has ever received Yellow Fever vaccination
- Date received
 - Guesstimate date yellow fever vaccination received

If you need any further assistance completing this form, please contact Shelley Wood (shelleym.wood@ky.gov) or Matthew Johnson (matthew.johnson@ky.gov).